(GIST)

**Application for Excused Course Absence**

**■ Applicant Information**

- Student No. :

- Name :

- Degree Course :

- Department :

- Cell phone :

- E-mail :

**■ Course Information**

- Course code :

- Course title :

- Instructor name :

**■ Details of Application**

- Period(Date) : from 20 . . . ~ to 20 . . .

- Reason for Excused Absence (State in detail)

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- Attached : Relevant Documents

The applicant requests approval for excused absence.

20 . . .

Applicant : (Seal/Signature)

To Professor